## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

# STATEMENT OF ECONOMIC INTERESTS IVED FAIR POLITICAL COVER PAGE PRACTICES COMMISSION

Please type or print in ink

A Public Document HAR 30 PM 2: 04

NAME (LAST) (FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Mayberg, Stephen W.		, 916 , 654-2309
MAILING ADDRESS STREET CITY (May be business address)	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
8		
1. Office, Agency or Court	4. Schedule Summ	arv
Name of Office, Agency or Court:	(Check applicable sched	ules or "No reportable interests.")
Department of Mental Health	During the reporting perions	od, did you have any reportable
Division, Board, District, if applicable:	interests to disclose on:	
Director's Office	Schedule A-1 X Yes	- schedule attached
Your Position:	Investments (Less than 10% Own	ership)
Director		<ul> <li>schedule attached</li> </ul>
⇒ If filing for multiple positions, list additional agency(les)	Investments (10% or greater Own	ership)
position(s): (Attach a separate sheet if necessary.)	Schedule B 🔀 Yes	- schedule attached
Agency: State Independent Living Council	Real Property	
		<ul> <li>schedule attached</li> </ul>
Position: Member	Income & Business Positions	S (Income Other than Loans, Gifts, and Travel)
		<ul> <li>schedule attached</li> </ul>
2. Jurisdiction of Office (Check at least one box)	Income – Loans	•
<b>▼</b> State	Schedule E Yes	- schedule attached
County of		
City of	Schedule F X Yes Income – Travel Payments	- schedule attached
Multi-County	-0	r- RP 8
<del>-</del> "	- ☐ No reportable intere	TT
Other	<u>-                                    </u>	is on any policidate 39
3 Type of Statement (or at all all all all all all all all all	Total number of pages	ည်းနှို့ တ
3. Type of Statement (Check at least one box)	completed including this completed including this completed including this complete including the complete including this complete including the complete	over page:
Assuming Office/Initial Date:/	L	
Annual: The period covered is January 1, 2003, through December 31, 2003.	5. Verification	工。
-Or-	I have used all reasonable	le diligence in preparing this
O The period covered is/, through	statement. I have reviewed t	his statement and to the best of
December 31, 2003.	attached schedules is true	on contained herein and in any and complete.
Leaving Office Date Left:/(Check one)	<u> </u>	jury under the laws of the State
O The period covered is January 1, 2003, through	_ ^	
the date of leaving office.	Date Signed A	1-09
-or-		
O The period covered is, through the date of leaving office.	Si	
☐ Candidate	(Pile the onglinally sig	ned statement with your filling official.)

#### CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

# STATEMENT OF ECONOMIC PRESTS COVER PAGE

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER		
Mayberg, Stephen W.			916 654-2309		
MAILING ADDRESS STREET (May be business address)	CITY	STATE ZIP CODE	OPTIONAL; FAX / E-MAIL ADDRESS		
,		· ·			
1. Office, Agency or Court  Name of Office, Agency or Court:		4. Schedule Summa	i <b>ry</b> les or "No reportable Interests.")		
Department of Mental Health		Turing the reporting perior	d, did you have any reportable		
Division, Board, District, if applicable:	<del></del>	interests to disclose on:	a, did you have any reportable		
Director's Office		Sabadula A 1 197 Vaa	ashadula ottoobad		
		Schedule A-1 X Yes - Investments (Less than 10% Owner	· schedule attached		
Your Position:					
Director		Schedule A-2 X Yes - Investments (10% or greater Owner	· schedule attached ship)		
If filing for multiple positions, list add position(s): (Attach a separate sheet	if necessary.)		schedule attached		
Agency: State Independent Living Cour	ncil	Real Property			
Mamhar			· schedule attached (Income Other than Loans, Giffs, and Travel)		
Position: Merriber		Schedule D 🔲 Yes -	schedule attached		
O longituding of Office and		Income Loans			
2. Jurisdiction of Office (Check a	nt least one box)	Schedule E Yes -	schedule attached		
County of		Schedule F 🔀 Yes –	schedule attached		
☐ City of		Income – Travel Payments	$F \sim 0$		
Multi-County		-or			
Other	,	→ ☐ No reportable interes	TO		
		]	○ (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)		
3. Type of Statement (Check at le	nost one bowl	Total number of pages	6		
o. Type of Statement (Check at le	east one box)	completed including this co	ver page:		
Assuming Office/Initial Date:	J	<u> </u>	<b>高</b> 基 <b>克</b>		
Annual: The period covered is Janua through December 31, 2003.	ary 1, 2003,	5. Verification	三 公		
-or-		I have used all reasonable	diligence in preparing this		
O The period covered is/	, through		is statement and to the best of n contained herein and in any nd complete.		
Leaving Office Date Left:/(Check one)	<i>J</i>	<b>!</b>	ury under the laws of the State		
O The period covered is January 1, 2 the date of leaving office.	2003, through		-04		
-or-		- Caro Viniigo - Li - L			
O The period covered is/	, through	True the about the al-	ned statement with your filling official.)		
Candidate		true me outmany sign	tan ararahisan muu Aont tiliud otticisir)		

## SCHEDULE A-1 Investments

#### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name Stephen W. Mayberg, Ph.D.

>	NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
	General Electric	
	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
	FAIR MARKET VALUE  \$2,000 - \$10,000	FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000
	NATURE OF INVESTMENT Stock	NATURE OF INVESTMENT Stock
	Other (Describe)	Other (Describe)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
>	NAME OF BUSINESS ENTITY Intel	> NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
	FAIR MARKET VALUE  \$\begin{align*} \begin{align*} \	FAIR MARKET VALUE  \$2,000 - \$10,000
	NATURE OF INVESTMENT Stock	NATURE OF INVESTMENT Stock
	Other (Describe)	Other(Describe)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ / 03 / 03 ACQUIRED DISPOSED	
>	NAME OF BUSINESS ENTITY Nokia	> NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
	FAIR MARKET VALUE  [X] \$2,000 - \$10,000	FAIR MARKET VALUE  \$2,000 - \$10,000
	NATURE OF INVESTMENT  Stock	NATURE OF INVESTMENT Stock
	Other (Describe)	Other(Describe)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
Co	omments:	

#### **SCHEDULE A-2** Investments, Income, and Assets of Business Entities/Trusts

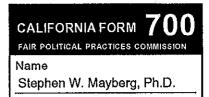
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION Name

Stephen W. Mayberg, Ph.D.

➤ 1. BUSINESS ENTITY OR TRUST	➤ 1. BUSINESS ENTITY OR TRUST
Stephen W. Mayberg, Ph.D.	
Name	Name
Address	Address
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Check one ☐ Trust, go to 2 ☐ Business Enlity, complete the box, then go to 2	Check one ☐ Trust, go to 2 ☐ Business Entily, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY Psychological Services  FAIR MARKET VALUE IF APPLICABLE, LIST DATE:    \$2,000 - \$10,000	GENERAL DESCRIPTION OF BUSINESS ACTIVITY  FAIR MARKET VALUE IF APPLICABLE, LIST DATE:    \$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Sole Proprietorship Partnership Other	Sole Proprietorship Partnership Other
YOUR BUSINESS POSITION OWNER	YOUR BUSINESS POSITION
> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 \$0VER \$100,000	\$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000
<b>X</b> \$1,001 - \$10,000	\$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)
➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
·	
Name of Business Entity <u>or</u> Street Address or Assessor's Parcel Number of Real Property	Name of Business Entity <u>or</u> Street Address or Assessor's Parcel Number of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 \$10,000 \$1,000 \$10,000	\$2,000 - \$10,000   \$10,001
\$10,001 - \$100,000	\$10,001 - \$100,000 ACQUIRED DISPOSED  Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments	FPPC Form 700 (2003/2004) Sch. A-2

## SCHEDULE B Interests in Real Property



>	STREET ADDRESS OR PRECISE LOCATION	>	STREET ADDRESS OR PRECISE LOCATION
	CITY		CITY
	Carnelian Bay, California		· ·
	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000		FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000     \$100,001 - \$1,000,000     Over \$1,000,000   Over \$1,000,000
	NATURE OF INTEREST  Rental Property Ownership/Deed of Trust Easement		NATURE OF INTEREST  Rental Property Ownership/Deed of Trust Easement
	Leasehold Other	ı	Leasehold Other
	IF RENTAL PROPERTY, GROSS INCOME RECEIVED  □ \$0 - \$499 □ \$500 - \$1,000 ▼ \$1,001 - \$10,000 □ \$10,001 - \$100,000 □ OVER \$100,000		IF RENTAL PROPERTY, GROSS INCOME RECEIVED  \$0 - \$499
	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.		SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
	NAME OF LENDER		NAME OF LENDER
	ADDRESS		ADDRESS
	BUSINESS ACTIVITY OF LENDER		BUSINESS ACTIVITY OF LENDER
	INTEREST RATE TERM (Months/Years)% None		INTEREST RATE TERM (Months/Years)%
	HIGHEST BALANCE DURING REPORTING PERIOD		HIGHEST BALANCE DURING REPORTING PERIOD
	\$500 - \$1,000 \$1,001 - \$10,000		\$500 - \$1,000 \$1,001 - \$10,000
	S10,001 - \$100,000 OVER \$100,000		\$10,001 - \$100,000 OVER \$100,000
	☐ Guarantor, If applicable		Guarantor, If applicable
_			
C	omments:		

## SCHEDULE C Income & Business Positions

(Income Other than Loans, Gifts, and Travel Payments)

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES CO	MMISSION
Name	
Stephen W. Mayberg,	Ph.D.

>	NAME OF SOURCE	;	NAME OF SOURCE
		Ш	
	ADDRESS	П	ADDRESS
	Carnelian Bay, California	П	
	BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVITY, IF ANY, OF SOURCE
	YOUR BUSINESS POSITION		YOUR BUSINESS POSITION
	GROSS INCOME RECEIVED  \$500 - \$1,000		GROSS INCOME RECEIVED  \$500 - \$1,000
	CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's income Loan repayment		CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's income Loan repayment
	Sale of(Property, car, boat, etc.)	11	Sale of(Property, car, boat, etc.)
	(Property, car, boat, etc.)	] [	
	Commission or X Rental income, list each source of \$10,000 or more		Commission or Rental Income, list each source of \$10,000 or more
		Ш	
		Ш	
		Ш	
	Other(Describe)	11	Other(Describe)
-		┨┠┉	> NAME OF SOURCE
>	NAME OF SOURCE	11	NAME OF SOURCE
	Stephen W. Mayberg, Ph.D.	Н	ADDDICC
	ADDRESS 1109 Kennedy Place, Suite 3, Davis, CA		ADDRESS
	BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVITY, IF ANY, OF SOURCE
	Psychological Services		BOSINESS ACTIVITY, IF ANY, OF SOUNCE
	YOUR BUSINESS POSITION		YOUR BUSINESS POSITION
	_	Ш	TOUR BUSINESS FOOTHON
	Owner	Ш	ADDOO WAALIE BEGENIED
	GROSS INCOME RECEIVED [7] \$500 - \$1,000 [7] \$1,001 - \$10,000	$\Pi$	GROSS INCOME RECEIVED  \$500 - \$1,000 \$1,001 - \$10,000
	\$10,000 \$1,000 \$1,000 \$10,000 OVER \$100,000	Ш	\$10,001 - \$100,000 Q OVER \$100,000
	[] \$10,001 - \$100,000 [] OVEN \$100,000	11	
	CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's Income Loan repayment		CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's Income Loan repayment
	Sale of	Ш	Sale of(Property, car, boat, etc.)
	(Property, car, boat, etc.)  [ Commission or [ Rental Income, list each source of \$10,000 or more		(Property, car, boat, etc.)  Commission or Rental Income, list each source of \$10,000 or more
	Commodel of Latitude models, and assess of trapes at many		
			F-1
	Other (Describe)	1 1	Other(Describe)
C	omments:		

# SCHEDULE F Income – Gifts Travel Payments, Advances, and Reimbursements

•	Reminder -	you	must	mark	the	gift	or	income	box.
---	------------	-----	------	------	-----	------	----	--------	------

•	You are	not	reauired	to	report	"income"	from	government	agencies.
---	---------	-----	----------	----	--------	----------	------	------------	-----------

NAME OF SOURCE Paraxel	> NAME OF SOURCE
ADDRESS	ADDRESS
1101 King Street, Suite 600	
CITY AND STATE	CITY AND STATE
Alexandria, VA 22314	<u> </u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Educational Publication	
DATE(S): 7 / 18 / 03 - 7 / 20 / 03 AMT: \$ 710.00	DATE(S):/
TYPE OF PAYMENT: (must check one) Gift K Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION: Travel expenses to present and	DESCRIPTION:
participate in Mental Health Advisory Board Meeting	
NAME OF SOURCE	> NAME OF SOURCE
ADDRESS	ADDRESS
ADDRESS	ADDINGSS
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/	DATE(S)://AMT: \$
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
	<del> </del>
Comments:	

#### CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

# STATEMENT OF ECONOMIC INTERESTS ECEIVED Official Use Only COVER PAGE PRACTICES COMMISSION

Date Received

Please type or print in lnk

A Public Document

04 MAR 30 PM 2: 04

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Dolezal	Elizabeth	1 Ann	(916) 654-2689
MAILING ADDRESS STREET (May be business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
(May be dusiness address)			
1. Office, Agency or Court		4. Schedule Summa	ary ules or "No reportable interests.")
Name of Office, Agency or Court:		1	
<u>Developmental</u> Se	rvices	During the reporting period interests to disclose on:	d, did you have any reportable
Division, Board, District, if applicable:		Schedule A-1 Ves	- schedule attached
<u>Administration</u>		Investments (Less than 10% Owner	<b>,</b>
Your Position:		Schedule A-2 Yes	schedule attached
- If filing for multiple positions, list add	A RECTOV	Investments (10% or greater Own	<del>-</del> 1
position(s): (Attach a separate shee	t if necessary.)	Schedule B Yes	– schedule attached
Agency:			schedule attached 5 (Income Other than Loens, Gilts, and Travel)
Position:		Schedule D Yes	- schedule áttached
2. Jurisdiction of Office (Check	at least one box)		schedule attached
✓ State		Schedule E Yes Income – Gifts	Schedule attached
County of		Schedule F Yes	<ul> <li>schedule attached</li> </ul>
		Income – Travel Payments	- sonaddo diidailed
City of	Į.	-0	r-
Multi-County		→ No reportable intere	sts on any schedule
Other			
		Total number of pages	mover nage:
3. Type of Statement (Check at	least one box)	completed including this o	FO FOR INVESTIGATION
Assuming Office/Initial Date:			
Annual: The period covered is Janu	uary 1, 2003,	5. Verification	101-11C VOH "
through December 31, 2003.		I have used all reasonat	ole diligence in preparing this
O The period covered is/	/ through	statement. I have reviewed	this statement and to the best of
December 31, 2003.	J, though	attached schedules is true	
Leaving Office Date Left:/ (Check one)	<u>-i</u>	I certify under penalty of pe of California that the fore	erjury under the laws of the State going is true and correct.
O The period covered is January 1	, 2003, through	.2-01	~ 0H
the date of leaving office.		Date Signed 3-02/	(month, day, year)
	/ through		
The period covered is/ the date of leaving office.	_i unough	Signature (File () originally	signed statement with four filling official.)
☐ Candidate			

#### **CALIFORNIA FORM** FAIR POLITICAL PRACTICES COMMISSION

# STATEMENT OF ECONOMIC INTERESTS

Date Received Official Use Only

Please type or print in Ink

Candidate

A Public Document

NAME	(LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
	Dolezal	Elizabeth	Ann	(916) 654-2689
MAILING AD		CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
<u></u>				
1. Offic	ce, Agency or Co	ourt	4. Schedule Summary	
Name of	f Office, Agency or Cou	rt:	(Check applicable schedules	s or "No reportable interests.")
$\mathcal{D}$	<u>evelopmento</u>	U Services	→ During the reporting period,	did you have any reportable
l N	, Board, District, if app		interests to disclose on:	·
	<u>Ininustration</u>	<u> </u>		schedule attached
Your Po	•		Investments (Less than 10% Ownership	ρ)
4	cting Depu	ty Director	Schedule A-2  Yes — s Investments (10% or greater Ownership	schedule attached
		ns, list additional agency(les)/		İ
posi	tion(s): (Attach a sepa	arate sheet if necessary.)	Schedule B ☐ Yes – s Real Property	chedule attached
Agency:			Schedule C	chedule attached
			Income & Business Positions (Inc	
Position			Schedule D 🔲 Yes – s	chedule attached
2 lurio	adjetion of Office		Income – Loans	
_	suiction of Office	(Check at least one box)		chedule attached
☑ State	h. af		Income – Gifts	
			Schedule F Yes - se Income - Travel Payments	chedule attached
			-Of-	
_	•		■    ■    No reportable interests	on any schedule
Other			To reportable interests	on any schedule
3. Type of Statement (Check at least one box)			Total number of pages	# T
o. Type	oi Statement (C	neck at least one box)	completed including this cover	54 N
Assu	ming Office/Initial	Date:/		
Annu throu	ial: The period covere	d is January 1, 2003, 3.	5. Verification	HEA TO
	-or	-	I have used all reasonable of	
	ne period covered is ecember 31, 2003.	/, through	statement. I have reviewed this my knowledge the information of attached schedules is true and	contained herein and in any
	ing Office Date Left: _ ck one)		l certify under penalty of perjury of California that the foregoing	
	e date of leaving office		Date Signed 3 - 21 - 9	04 ·
~ ·	-or-		- (mc	onth, day, year)
	e period covered is a date of leaving office.	/, through	Signatur	

Signatur

(File the originally signed statement with four filing official.)

## SCHEDULE A-1 Investments

#### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

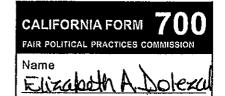
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name Flixaboth A. Dolexal

> NAME OF BUSINESS ENTITY	> NAME OF BUSINESS ENTITY
Cendant Corporation	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Hotels, Car Rental Firms, etc	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock	NATURE OF INVESTMENT Stock
Other	Other
(Describe)	(Describe)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	> NAME OF BUSINESS ENTITY
Pfizer Inc Corp	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Pharmacoutical Mfg	
FAIR MARKET VALUE	FAIR MARKET VALUE
[] \$2,000 - \$10,000 [] \$10,001 - \$100,000	\$2,000 - \$10,000
O00,000,14 av	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Slock	NATURE OF INVESTMENT  Stock
Other	Other
(Describe)	(Describe)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//_03	
> NAME OF BUSINESS ENTITY	> NAME OF BUSINESS ENTITY
seliaman Communications	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Communications	
	FAID MADIGET VALVE
FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000	FAIR MARKET VALUE  \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	<del>-</del>
NATURE OF INVESTMENT  Stock	NATURE OF INVESTMENT Stock
Other (Describe)	Other (Describe)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 03 / / 03 ACQUIRED DISPOSED	/ / 03 / / 03 ACQUIRED DISPOSED
	1
Comments:	

## SCHEDULE C Income & Business Positions

(Income Other than Loans, Gifts, and Travel Payments)



	1 <del>2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2</del>
NAME OF SOURCE Additions	> NAME OF SOURCE
86 Covered Bridge Road	ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE ()  AMERICAN (A) 95608	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000   \$1,001 - \$10,000   \$10,001 - \$100,000   OVER \$100,000	\$500 - \$1,000 \$1,001 - \$10,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's income Loan repayment	CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's income Loan repayment
Sale of(Property, car, boat, etc.)	Sale of(Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Yother No Income Received	Other(Describe)
NAME OF SOURCE	> NAME OF SOURCE
ADDRESS	ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
- ANI, O' SOUNCE	BOOMESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000	\$500 - \$1,000 \$1,001 - \$10,000 \$10,000 \$10,000 \$10,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's income Loan repayment	CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary  Spouse's income  Loan repayment
Sale of	Sale of
(Property, car, boat, etc.)  Commission or Rental Income, list each source of \$10,000 or more	(Property, car, boat, etc.)  Commission or Rental Income, list each source of \$10,000 or more
	~
Other	Other(Describe)
· ·	. • • • • • • • • • • • • • • • • • • •
omments:	
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